

**Los Angeles County**

**Indian Health**

**REQUEST FOR APPLICATION**

**Fiscal Year 2002/2003 Through Fiscal Year 2004/2005**



**Indian Health Program  
Primary and Rural Health Care Systems Branch  
Primary Care and Family Health Division  
California Department of Health Services  
714 P Street, Room 599  
Sacramento, CA 95814**

**June 2002**

**CALIFORNIA STATE INDIAN HEALTH PROGRAM  
LOS ANGELES COUNTY  
REQUEST FOR APPLICATION (RFA)  
FY 2002/2003 Through FY 2004/2005  
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Attachment A: RFA review document

Attachment B: Grievance Procedure for Direct Service Contracts and Grants

# California State Indian Health Program (IHP)

FY 2002/2003 through FY 2004/2005

County of Los Angeles

Indian Health

## Proposal Review and Grant Processing Schedule

- RFA Mailed to Potential Grantees: **June 3**, 2002
- Deadline for submitting RFA questions to IHP: **June 20**, 2002
- Informational Meeting: **June 20**, 2002
- Application Submission Deadline: **July 12**, 2002
- Application Review: **July 12 through July 19**, 2002
- Notice of Award: **July 26**, 2002
- Appeal Deadline: **August 16**, 2002
- Appeal Hearing **August 23**, 2002
- Appeal Decision: **September 16**, 2002
- Commencement of Grant: **October 1**, 2002

**CALIFORNIA STATE INDIAN HEALTH PROGRAM (IHP)  
REQUEST FOR APPLICATION (RFA)  
LOS ANGELES COUNTY  
FISCAL YEAR (FY) 2002-2003 THROUGH FISCAL YEAR 2004-2005**

**I. PURPOSE**

This RFA announces the availability of grant funds to develop a primary care clinic infrastructure for the delivery of direct health services to American Indians in Los Angeles County. Clinical services that address the health concerns and status of American Indians in Los Angeles County shall be delivered in a culturally sensitive manner.

A total of \$885,924 in funds will be available for the thirty-three month period from October 1, 2002 through June 30, 2005. Agencies may apply for up to \$245,924 for October through June of FY 2002/2003 and \$320,000 per year for both FY 2003/2004 and FY 2004-2005. State fiscal years begin July 1st and end June 30th. The State reserves the right to determine the final award amount, which may be less than that requested. Funding availability is subject to the annual appropriation of funds in the State budget.

Funds appropriated to carry out the purposes of this RFA shall be supplemental to those available from the federal government and shall not duplicate, or replace, any commitments made by the federal government to provide health services to American Indians and their families in this state who receive health services pursuant to an urban or rural American Indian health program, per Health and Safety Code Section 124585.

IHP funding alone will not be adequate to sustain the clinic. However, IHP funds will provide the resources vital to the ongoing success of the clinic.

The cost of developing applications is entirely the responsibility of the applying firms and shall not be chargeable to the State of California or included in any cost elements of the application.

**II. BACKGROUND**

The IHP is authorized by California Health and Safety Code, Sections 124575 -124595. The goal of the IHP is to improve the health status of American Indians residing in California. This is accomplished through the provision of financial and technical assistance to Indian health programs, studies of the health and health services available to American Indians and their families, and coordination with similar private and governmental programs.

**III. FUNDING ELIGIBILITY**

To qualify for funding, an Indian health program shall be administered by either a non-profit corporation organized under the laws of this State or by an Indian Tribe. The board of directors or trustees of such corporation shall be composed of a majority of Indians. (California Code of Regulations, Title 17, Section 1534).

“Indian Tribe” means any Indian Tribe, band, or nation or other organized group or community which is determined to be eligible for the special programs and services provided by the United States or State of California to Indians because of their status as Indians (California Code of Regulations, Title 17, Section 1501).

#### **IV. PROJECT SCOPE (Scope of Work)**

The State Indian Health Program will provide funds to support the following combined activities:

1. Development of the clinic infrastructure necessary to sustain a state licensed Indian health clinic (funds are to pay for staffing, operating expenses such as rent, etc.);
2. Delivery of prevention oriented primary care services that are responsive to the health needs of American Indian patients;
3. Access to Traditional Indian Health.

To successfully achieve these activities the Indian health clinic shall include the following components:

**A. Administration:** The orderly planning, organizing, and coordinating of a health program to effectively carry out a grantee’s obligations. This shall include, but not be limited to, the following specific elements:

1. A Board of Directors that meets regularly, is representative of the Los Angeles American Indian community, and functions according to its bylaws;
2. An administrator with a background in health administration;
3. Clinic personnel management policies;
4. Appropriate licensed facilities;
5. Fiscal management including a fiscal reporting system; provisions for annual audit; maintenance of accounts;
6. Planning and evaluation components that assure services are accessible, available, and acceptable to the American Indian population;
7. Third party billing system that maximizes private and public insurance and includes provisions for self-pay based on income.

**B. Direct Medical Services:** The provision of medical services that include, but are not limited to, the following specific components:

1. Comprehensive patient history and physical examinations;
2. Diagnosis, treatment, referral, and follow-up of illnesses and diseases;
3. Health maintenance activities;
4. Minor surgical and emergency medical services.

**C. Traditional Medicine:** The provision of traditional Indian medicine which includes traditional practices of Indian medicine which are native to an Indian community and which are accepted by that Indian community as handed down through the generations, and which can be established through the collective knowledge of the elders of that Indian community. Traditional Indian health services may include, but are not limited to the following:

1. Travel and related costs for medicine men and women;
2. Cultural sensitization education for project personnel.

## **V. MINIMUM APPLICATION REQUIREMENTS**

To qualify for funding, applicants shall demonstrate administrative competency at the time of application and shall maintain throughout the term of the grant agreement:

1. Good standing with the Office of the Secretary of State and the Office of the Attorney General if a Non-profit Corporation;
2. A Board of Directors that meet regularly, is representative of the Los Angeles American Indian community, and functions according to their bylaws;
3. Good standing with the Bureau of Indian Affairs (if applicable for Tribal government).

Applicants shall maintain or demonstrate the ability to establish within 60 days of grant commencement:

1. An adequately staffed facility;
2. State clinic licensure for all clinic sites;
3. A clinic pharmacy permit (if applicable);
4. Clinical Laboratory Improvement Act (CLIA) State registration (if applicable);
5. Liability and malpractice insurance in sufficient amounts to meet current state requirements.

## **VI. INFORMATIONAL MEETING**

The IHP will conduct an informational meeting on June 20, 2002. The meeting will provide an opportunity for applicants to ask specific questions about the RFA. Further information on the meeting will be forwarded to all RFA recipients.

## **VII. QUESTIONS REGARDING THIS RFA**

Upon reviewing this RFA, the applicant may request clarification in writing of any questions or any problems including any ambiguity, conflict, discrepancy, omission, or any other error in this RFA. All such communications should identify the author, agency name and address, specific question or discrepancy, RFA section, page number, and other relevant information.

Written questions or comments must be received by the IHP no later than 5 p.m. on June 20, 2002. Written questions or comments may be submitted by mail to the mailing address listed for responding to this RFA or submitted via FAX to (916) 657-1106. Applicants may call (916) 657-2771 to confirm receipt of their FAX.

Responses to questions will be mailed to entities that attend the conference or submit written questions to the IHP that are received by June 20, 2002.

## **VIII. APPLICATION REVIEW PROCESS**

Each application received by IHP by the specified date and time will be reviewed for completeness and compliance with the RFA instructions. Late, incomplete or non-compliant applications may be rejected. The DHS may waive any immaterial deviation in any application. This waiver of any immaterial deviation shall not excuse an applicant from full compliance with the grant terms if a grant is awarded. The IHP reserves the right to reject any or all applications. The application review will be conducted by individuals selected by the Department with requisite expertise and experience. However, applicants should not assume that reviewers:

- Have prior knowledge of the applicant agency's capability or experience;
- Understand why the proposed activities are appropriate within the context of the Los Angeles County Indian community;
- Understand how Indian health prime contractor and subcontractor agreements are managed.

## **IX. APPLICATION SCORING**

Applications will be reviewed by two (2) reviewers with requisite experience and knowledge using the application scoring instrument (see Attachment A). Each question on the scoring instrument will be rated using the following scale:

- 3 points** = excellent or outstanding;
- 2 points** = adequate;
- 1 point** = minimally adequate;
- 0 points** = inadequate.

Each question on the scoring instrument will be weighted. The score for each question will be multiplied by its specified weight. The maximum possible score, after weighting, is 100. The maximum score assigned to each application section is:

Agency Capability	15 points
Project Personnel	20 points
Target Population Profile	10 points
Scope of Work Summary and Work Plan	40 points
Budget	<u>15 points</u>
	100 points

Discordant scores are defined as scores with more than a 10-point difference between the two assigned reviewers. Discordant scores will be assigned for third review. The score from the third review will be the final score.

## **X. APPEAL PROCESS**

Applicants not selected for funding will be notified of the denial in writing. The DHS reserves the right to reject any or all applications, as well as to make the final selection of the applicant for funding. An applicant denied funding may appeal the Department's decision. The steps of the process are identified in the following table.

<b>STEP</b>	<b>RESPONSIBLE PARTY</b>	<b>ACTION</b>	<b>COMMENTS</b>
<b>Step 1</b>	Appellant	Identify the grounds for the appeal	See "Grievance Procedure for Direct Service Contracts and Grants", Section 9-2350 of the Health Administrative Manual (see Attachment B). Note that there is no appeal for untimely or incomplete applications or for the amount of the award.
<b>Step 2</b>	Appellant	Submit a written appeal	A full and complete written appeal must be submitted. Clearly identify the issues in dispute, the legal authority, the basis for the protest and remedy sought.
<b>Step 3</b>	Appellant	Submit the appeal in a timely fashion	Appeals must be received no later than 15 days after date of a denial notice.
<b>Step 4</b>	Appellant	Direct the appeal to the appropriate person	Appeals must be directed to: Ms. Sandra Willburn, Acting Chief



			Primary and Rural Health Care Systems Branch Department of Health Services 714 P Street, Room 550 Sacramento, CA 95814
<b>Step 5</b>	Deputy Director, Primary Care and Family Health	Review and render decision	Per the “Grievance Procedure for Direct Service Contracts and Grants” outlined in 9-2350 of the Health Administrative Manual, the Deputy Director (D.D.) or representative may hold an oral hearing and render a decision based on the contents of the written appeal and the hearing.  <b>The decision of this individual is final. There is no further administrative appeal.</b>
<b>Step 6</b>	IHP	Send notification of the decision	Appellants will be notified in writing of the decision regarding their appeals within twenty (20) working days after the completion of all appeal hearings.

## **XI. GRANT AGREEMENT AWARD PROCESS**

It is the intent of the Department to issue the award to one successful applicant. The Department reserves the right to negotiate the budget and scope of work and not award a grant agreement if changes recommended by the IHP cannot be mutually agreed upon. Grant negotiations will commence following the completion of the appeals process. A site visit may follow. If the successful applicant fails to finalize a budget or scope of work, or if recommended changes cannot be mutually agreed upon, DHS reserves the right to withdraw the grant award or delay the start of the grant agreement term. If the grant award is withdrawn, those funds may be redirected to another applicant.

## **XII. GENERAL INSTRUCTIONS**

Read all instructions carefully. Be sure to include all of the information required in the RFA, including all attachments. Review the application checklist prior to submitting your application.

It is the applicant’s responsibility to demonstrate that it possesses the required knowledge

and experience essential to provide Indian health services in Los Angeles County. Reviewers will assess the quality of an application solely by evaluating the written document submitted in response to this RFA.

**Do not submit any materials that are not requested. Any materials submitted (including letters of support) that are not part of the RFA requirements will be discarded upon receipt.**

Only one application may be submitted by each entity. For the purposes of this application, entity is defined to include a parent corporation of an agency and any satellites or subcontractor(s) of that parent corporation. If an entity submits more than one application, all applications submitted by that entity will be deemed non-responsive and will be rejected from further consideration.

The same subcontractor(s) may be proposed for use by more than one applicant. An entity submitting an application as a prime contractor may also be identified as a subcontractor in another firm's application.

### **XIII. APPLICATION FORMAT**

Applicants must return the following material according to the format and instructions stated herein. Failure to follow these format instructions or failure to return the required forms and materials may deem an application non-responsive and may cause that application to be eliminated from further consideration. The Department reserves the right to waive non-material defects in the applications as determined by the Department in its sole discretion.

- Prepare and submit one original and **two** copies (**sets**) complete with attachments.
- Number each page of the application consecutively in the lower right corner of the page. This includes all pages within the application, including any inserted forms, charts or attachments. Page numbers should be continuous throughout the application.
- The format of the application should allow at least one-inch margins at top, bottom, and sides.
- The type font size is to be no less than 12 points.
- The application should be single-spaced unless otherwise instructed in this document.
- The application should not be submitted in a binder or folder; these are too cumbersome for distribution and review. Use a staple, binder clip, or other means to bind your application.
- All RFA forms and attachments, which require signatures, must be signed in blue ink for inclusion in the original application package, unless noted otherwise. Signature stamps are not acceptable. The two additional application sets may reflect photocopied signatures.

- Clearly indicate “Indian Health Program RFA” on the outside of the mailing envelope.

**The complete application includes:**

- **Application narrative section (Item XIV, Page 9)**
- **Required forms / documents section (Item XV, Page 11)**
- **Budget tables section (Item XVI, Page 12).**

**Following are specific instructions on how to complete each of the sections.**

#### **XIV. CONTENT AND REQUIRED ORDER OF APPLICATION NARRATIVE**

Assemble and arrange the Application Narrative section in the following order:

- **COVER PAGE AND A COVER LETTER** signed by a person authorized to obligate your organization. If the applicant is a non-profit corporation, an official authorized by the Board of Directors to sign on behalf of the Board, must sign the cover letter.
- **TABLE OF CONTENTS.** The table of contents must display appropriate page numbers for each item listed.
- **AGENCY CAPABILITY.** Provide a brief history of your organization which includes the date of establishment, service area, past accomplishments and current projects. Describe how the establishment of a Los Angeles County clinic for American Indians fits into your agency’s goals and how they are consistent with the purpose of this RFA (see page 2, item I, “Purpose”). Describe your agency’s qualifications to undertake the proposed scope of work in this RFA.
- **PROJECT PERSONNEL.** Describe how the project will be staffed. Include the number, position titles, job descriptions, resumes, and salary schedules of all project staff. The State reserves the right to approve changes in staffing after a grant is awarded. Applicants planning to use subcontractors in the performance of the work must identify each proposed subcontractor, if known at the time of application submission; describe the responsibilities to be assigned to each subcontractor, and include a description of plans for overseeing the performance of subcontractors. Applications must include a copy of all subcontractor licensure and insurance documents (e.g. clinic license, CLIA/State lab license, pharmacy license, provider license, and malpractice insurance). Notwithstanding the use of any subcontractor(s), the applicant will be responsible for performance of all terms and conditions of the resulting contract. The State reserves the right to approve changes in subcontractor selection.

- **TARGET POPULATION DESCRIPTION.** Los Angeles County is home to the largest urban American Indian population in the nation. However, American Indian families tend to be dispersed throughout the county rather than concentrated in specific neighborhoods. Applicants should identify the population that can be realistically served by the project throughout the grant period. Include data/description of health status/needs, current health service utilization patterns, health care coverage/insurance, and demographic information of target population.
- **PROJECT SCOPE / SCOPE OF WORK SUMMARY.** Describe how the applicant plans to carry out the scope of work described in this RFA (Page 3, item IV, Project Scope (Scope of Work)). In addition to establishment of an Indian health clinic and delivery of prevention oriented primary care services, include the estimated number of clinic patients to be served each year and the basis used to calculate these estimates.
- **WORK PLAN.** Use copies of Exhibit “A” (Page 24) for the Work Plan. Complete a separate Exhibit “A” for each fiscal year of the grant period.<sup>1</sup> The Work Plan *goals* are broad statements of intent toward which project efforts are directed. The Work Plan *objectives* must specify how the Scope of Work (Page 3, item IV, Project Scope (Scope of Work)) will be achieved, by whom, when, and how it will be evaluated over the grant period.
- **BUDGET PROJECTIONS.** Use budget Table “D” (Page 23) to project the total clinic revenues and expenses during the grant term (October 1, 2002 through June 30, 2005). Please include all sources of projected revenue in addition to IHP funds. Projections shall consider current data regarding health insurance status of American Indians in Los Angeles, cost of medical services, and the public and private health delivery system in Los Angeles County. Identify all data sources used for your calculations.

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<sup>1</sup> The first fiscal year, FY 2002-2003, will include only nine months – October 1st through June 30th - while each of the two subsequent complete fiscal years are from July 1st through June 30th).

## **XV. REQUIRED FORMS / DOCUMENTS**

The following forms and/or documents are to be fully completed and inserted after the application narrative section. Include these items in the order they are listed below:

- A. Board of Directors listing on the Board of Directors Information Form provided (page 25)
- B. Copy of Organizational Chart (identify personnel vacancies)
- C. Copy of Clinic's Current License and/or certification (if applicable)
- D. Copy of Clinic's Pharmacy permit (if applicable)
- E. Copy of Clinic's CLIA Registration (if applicable)
- F. Copy of malpractice insurance coverage
- G. Job Descriptions for project personnel funded by these grant funds
- H. Resumes of Staff and Consultants who exercise key management, health care provider or consultant role
- I. Board of Directors meeting minutes for last 12 months
- J. Copy of most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds
- K. Copy of current Corporate By Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter
- L. Authorization to Bind Corporation
- M. Non-profit Status: Submit a copy of your most recent Federal F-199 and CT2 tax forms that your program has submitted to the State/Federal tax offices. If you have submitted a Request for an Extension for Filing (i.e., Federal tax form 2758 and/or State form 3504) these forms should be submitted. If you are a Tribe and Exempt from taxation, submit a copy of the documents submitted to Federal and State tax offices
- N. Copy of most recent independent Certified Public Audit.

## **XVI. BUDGET: INSTRUCTIONS FOR COMPLETING TABLES A – C**

Enter your program name at the top of each table.

If necessary, add additional pages by repeating your program (Agency) name, budget table title, and next page number(s) on a blank page.

**Round all amounts to whole numbers.**

Please be accurate as inaccuracies may result in unnecessary delays. Check tables for accuracy by:

Adding each line item horizontally.

Adding each source of funds column vertically.

Adding horizontal total column to reach a grand total.

Adding vertical total column to reach a grand total.

(Note: the horizontal and vertical totals should agree).

Having another individual check your figures.

**Unreimbursable Expenses:** The Department of Health Services does not reimburse several types of expenses; therefore, the following list of expenses cannot be funded in your IHP budget:

- Purchase, renovation, or alteration of contractor owned or leased property (real estate) or facilities.
- Contract care as defined by Federal Indian Health Services Regulations.

**Table A: Summary of Current Budget from all Sources (Page 19):** List each funding source and the total funds awarded by personnel, operating expenses, and consultants. If your funds are not on a July to June fiscal year, please *estimate*, as close as possible, the amount for this July to June period.

**Table B: Current Personnel Budget from all Sources (Page 20):** List each personnel services position funded by your program. List position title (not individual name) and dollar amount per line by source of funds (State, Federal, Third Party, etc.).

**Table C: Budget Justification:** The applicant must provide a Budget Justification narrative for each fiscal year budget proposed in Table C. The budget justification must identify the line item category and the amount of funding, and provide brief supporting narrative for each line item justifying the appropriateness and necessity of the cost to the achievement of project goals and objectives. For the personnel line items, the budget justification must identify each of the positions/classifications and reference the specific objectives that this position will be responsible for completing.

**Proposed IHP Budget - Table C: Line Item Budget (Pages 21 and 22):** Make copies of the blank Table C to use for each fiscal year. Submit a Table C "Proposed IHP Budget" for EACH of the three fiscal years in the grant period. Agencies may apply for up \$245,924 for October through June of FY 2002/2003 and \$320,000 per year for both FY 2003/2004 and FY 2004-2005. State fiscal years begin July 1st and end June 30th.

### **Personnel - Table C:**

List position title rather than the name of the individual.

- **Column A:** The "FTE Salary Per Pay Period". Full-time Equivalent or FTE is the rate of pay an individual would earn if their time base was 100%. The figure to be entered in this column can be determined by (a) calculating the annual amount the individual would earn as an FTE, and (b) dividing this annual amount by the number of pay periods during the grant period.
- **Column B:** Indicate the "Number of Pay Periods" there will be for each of the fiscal years, e.g., 12, 24, etc.
- **Column C:** The "Percent of FTE" worked by the individual is based on a 40-hour workweek. This is the total time the individual works at your program regardless of funding source (see below).

<u>Hours Per Week</u>	<u>Percent of FTE</u>	<u>Hours Per Week</u>	<u>Percent of FTE</u>
4	10	24	60
8	20	28	70
12	30	32	80
16	40	36	90
20	50	40	100

- **Column D:** The "Percent Paid by This Grant". Determine the percent of annual salary that will be paid by this grant.

- **Column E:** The "Amount Requested". Columns A x B x C x D must multiply across and agree with the amount listed in this column (E).
- **Fringe Benefits** -- List fringe benefits (i.e. FICA, SUI, WC). If the "fringe benefit" rate is above 30 percent, please provide justification.

#### **Operating Expenses - Table C:**

- **Audit:** Audits shall be carried out pursuant to Health and Safety Code Sections 38040 and 38041 and shall be audits of the grantee, rather than audits of individual grants or programs. Audits shall be in accordance with OMB Circular A-133 "Single Act Audits" for contractor receiving \$300,000 or more of federal dollars. In the case of any contractor that receives less than twenty-five thousand dollars (\$25,000) per year from any state agency, the audit required by these Health and Safety Code sections shall be conducted biennially, unless there is evidence of fraud or other violation of state law in connection with the direct service contract. The cost of such audit may be included in direct service contracts up to the proportionate amount that the contract represents of the contractor's total revenue.
- **Communications:** May include telephone, postage, advertising, and answering service.
- **General Expense:** Purchase of books, magazines, publications, and subscriptions; expendable office supplies; shipping costs; memberships and dues; expendable equipment (less than \$5,000 and/or having a life expectancy of less than one year); equipment maintenance, rental, and repair; installation costs; printing expenses; pre employment physicals.
- **Insurance:** All types/classes of insurance including liability and malpractice.
- **Janitorial/Maintenance Services:** Housekeeping and cleaning services, water cooler, copy machine maintenance (does not include rent), routine minor repairs for electrical, plumbing, or building facilities.
- **Rent:** List number of square feet, cost per square foot, cost per month, and percentage of state share.
- **Technical Supplies:** Expendable medical, laboratory, X-ray, pharmaceutical supplies, and expendable equipment (equipment less than \$5,000 and/or a life expectancy of less than one year).
- **Traditional Health / Medicine:** Travel and related costs for use of medicine men and women, doctoring, traditional Indian health gatherings. Educational cultural sensitization activities for non-Indian/Indian Health personnel.



- **Travel:** Grant funded staff mileage and per diem not to exceed State Department of Personnel Administration rates.

**Mileage:** The standard rate is 34 cents per mile. The maximum private vehicle mileage reimbursement cannot exceed 34 cents per mile with written certification (on file with the employee's travel claim) that "the costs of vehicle operation were equal to or greater than the amount claimed".

**Lodging** (receipts required)

<b>Travel Location / Area</b>	<b>Reimbursement rate</b>
Statewide (excluding the counties identified below)	\$84.00 plus tax
Los Angeles and San Diego	\$110.00 plus tax
Alameda, San Francisco, San Mateo & Santa Clara	\$140.00 plus tax

**Meals/Supplemental Expenses** (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum.

Breakfast	\$6.00
Lunch	\$10.00
Dinner	\$18.00
Incidentals	\$6.00

#### **Travel Reimbursement Guide**

<b>Length of travel period</b>	<b>This condition exists...</b>	<b>Allowable meals</b>
Less than 24 hours	Travel begins at 6:00 a.m. or earlier and continues until 9:00 a.m. or later.	Breakfast
Less than 24 hours	<ul style="list-style-type: none"> <li>• Travel period ends at least one hour after the regularly scheduled workday ends, or</li> <li>• Travel period begins prior to or at 5:00 p.m. and continues beyond 7:00 p.m.</li> </ul>	Dinner
24 hours	Travel period is a full 24-hour period determined by the time that the travel period begins and ends.	Breakfast, lunch, and dinner
Last fractional part of more than 24 hours	Travel period is more than 24 hours and traveler returns at or after 8:00 a.m.	Breakfast
	Travel period is more than 24 hours and traveler returns at or after 2:00 p.m.	Lunch
	Travel period is more than 24 hours and traveler returns at or after 7:00 p.m.	Dinner

- **Utilities:** Electricity, gas, water, sewer, and garbage service.
- **Vehicle Operation and Maintenance:** Minor and major clinic vehicle repair and maintenance, tires, batteries, license fees, and registration.

#### **Capital Expenditures (Equipment) - Table C :**

Equipment expenses for items with a dollar value of \$5,000 or more and a life expectancy of one year or more. Include the unit cost of each item and the total cost (number of units multiplied by the unit cost). Equipment is subject to state inventory guidelines.

#### **Other Costs - Table C:**

- **Consulting and Professional Services:** Grant-related services performed by "independent contractors" (subcontractors) as defined by Title 22, Division 2.5, Section 4304.1 (Employment Development Department) who are not employees of the grantee. Fees for audit, administrative, medical, and/or dental consultation or referral services such as laboratory and X-ray. List each consultant, the rate of dollars per hour, and the subcontract amount.
- **Staff Training and Continuing Education:** May include tuition, registration, and material for continuing education classes, books/periodicals related to employee job duties, or health-related information only. May include expenses of seminars, meetings, and conferences if related to primary care delivery.

#### **Indirect Costs - Table C:**

Expenses incurred for the benefit of the business as a whole and which cannot be readily identified with the activities of a given department/program. Indirect costs must be those identified in the current "Indirect Cost Pool and Rate Computation" exhibit authored by the Office of the Inspector General, United States Department of the Interior or Department of Health and Human Services. **A copy of the "indirect cost" notification letter must be submitted with the application. If used, the percent and cost basis must be explicitly specified in the budget submitted.**

<p><b>NOTE: The State reserves the right to determine final award amount.</b></p>
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## **XVII. MAILING ADDRESS**

An original and two (2) copies of the application and budget must be received by mail or in person by 5:00 p.m. on **July 12, 2002** at the following address:

**Department of Health Services  
Indian Health Program  
714 P Street, Room 550  
Sacramento, CA 95814**

## **XVIII. APPLICATION CHECKLIST**

The following documents must be submitted to be considered a complete application.

### **Application Narrative**

- Application Cover Page and Cover Letter
- Table of Contents
- Agency Capability Statement
- Target Population Description
- Scope of Work Summary
- Work Plan (Exhibit A) (make separate copies for FY02/03, FY03/04, FY04/05)
- Project Personnel
- Attachments
  - Board of Directors information form
  - Copy of Organizational Chart
  - Copy of Clinic's Current License and/or certification (if applicable)
  - Copy of Clinic's Pharmacy permit (if applicable)
  - Copy of Clinic's CLIA Registration (if applicable)
  - Copy of malpractice insurance coverage
  - Job Descriptions
  - Resumes of Staff and Consultants
  - Board of Directors meeting minutes for last 12 months
  - Copy of your most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds
  - Copy of current Corporate By Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter
  - Authorization to Bind Corporation
  - Non-profit Status: Submit a copy of your most recent Federal F-199 and CT2 tax forms that your program has submitted to the State/Federal tax offices. If you have submitted a Request for an Extension for Filing (i.e., Federal tax form 2758 and/or State form 3504) these forms should be submitted. If you are a Tribe and Exempt from taxation, submit a copy of the documents submitted to Federal and State tax offices.
  - Copy of most recent independent Certified Public Audit.

## **Budget Section**

Table A	Summary of Current Budget from all Sources
Table B	Current Personnel Line Item Budget from all Sources
Table C	Proposed IHP budgets with justification for FY 2002-2003 through FY 2004-2005 Indirect Cost Rate Determination Notification letter (if applicable)
Table D	Projected Clinic 3-Year Revenues and Expenses

## **XIX. GRANTEE REQUIREMENTS**

Agencies awarded funds from the IHP must comply with the following requirements:

1. Comply with all provisions of the grant including, but not limited to, provisions of the quality and quantity of the direct and subcontracted services specified to the population(s) targeted.
2. Notify the State Indian Health Program within 72 hours regarding any situation that would substantially alter the grantee's ability to comply with grant obligations.
3. Comply with all reporting requirements described in the grant agreement.
4. Participate in relevant evaluation and monitoring activities as determined by the State to identify levels of grant compliance and need for consultation/technical assistance.
5. Participate in technical assistance activities identified as needed by the state including, but not limited to, workshops, conferences, individual assistance, etc.
6. Assure that community and/or clients participate in the development of policies and procedures on an ongoing basis (through their governing Board of Directors).
7. Carry out the provisions of the grant and ensure that all subcontractors carry out the provisions of the grant in the most cost-effective and cost-efficient manner possible.
8. Comply with, and ensure all subcontractors comply with, all governmental laws and regulations appropriate to the operation of a primary health care program.
9. Provide services in a culturally competent manner.

## **XX. ADVANCE PAYMENTS**

Grantees will be able to request an advance payment of up to 25% of the annual grant in accordance with Health and Safety Code Section 124525. The grantee shall repay the full amount of any outstanding advances if the grant is not fully executed.

**TABLE A**  
**SUMMARY OF**  
**CURRENT BUDGET FROM ALL SOURCES**  
**(As of June 2002)**

FUNDING SOURCE  (Include Medi-Cal and Other Third Party Revenues)	SUBTOTALS			TOTALS
	Personnel	Operating Expenses	Consultants	
SUMMARY TOTALS	\$	\$	\$	\$

Page 19

## Indian Health Program

**(As of June 2002)**

<b>TOTAL SALARIES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
-----------------------	-----------	-----------	-----------	-----------	-----------

**Grand Total**

(Agency's Name)

<b>TABLE C - PAGE 1</b> <b>PROPOSED IHP BUDGET (FISCAL YEAR - <input type="checkbox"/> 2002/2003 <input type="checkbox"/> 2003/2004 <input type="checkbox"/> 2004/2005)</b> <b>Funds available: FY 2002-2003 \$245,924; FY 2003-2004 \$320,000; FY 2004-2005 \$320,000</b>					
<b>PERSONNEL</b>					
PAY PERIOD (CHECK ONE) <input type="checkbox"/> Biweekly (26) <input type="checkbox"/> Semimonthly (24) <input type="checkbox"/> Monthly (12)					
POSITION TITLE	(A) FTE Salary Per Pay Period	(B) No. of Pay Periods	(C)  % of FTE	(D) % Paid by this Grant	(E) Amount Requested A x B x C x D
<b>TOTAL SALARIES</b>					
FRINGE BENEFITS ( _____ % of Personnel Costs used [average])  FICA @ _____ %  SUI @ _____ %  WC @ _____ %					
<b>TOTAL FRINGE BENEFITS</b>					
<b>TOTAL Personnel Services \$</b>					
<b>OPERATING EXPENSES</b>					
Audit					
Communications					
General Expenses					
Insurance					
Janitorial and Maintenance Services					
Rent ( _____ sq. ft. x \$ _____ sq. ft. / mo. = \$ _____ / mo. X _____ mos. X _____ % / State Share)					
Technical Supplies					
Traditional Health / Medicine					
Travel					
Utilities					
Vehicle Operation and Maintenance					
<b>TOTAL Operating Expenses \$</b>					

(Agency's Name)

**TABLE C - PAGE 2****PROPOSED IHP BUDGET (FISCAL YEAR - ☐ 2002/2003 ☐ 2003/2004 ☐ 2004/2005)**

#REF!

**CAPITAL EXPENDITURES**

Equipment (List detail below)

( A ) Quantity	Description	(B) Unit Cost	(A x B) TOTAL COST

**TOTAL Capital Expenditures \$****OTHER COSTS**

Computer Hardware

Computer Software

Consulting and Professional Services Total (see breakdown below)

Subcontractor's Name and Title	Rate of Dollars Per Hour	Total Subcontract Amount

Staff Training and Continuing Education

**TOTAL Other Costs \$****INDIRECT COSTS**

Indirect Cost: \_\_\_\_\_ % of

( \_\_ % of [enter cost basis])

**TOTAL Indirect Costs \$****TOTAL BUDGET \$**



**Table "D" - Total Clinic Projected Revenues and Expenses**

**Applicant:**

<b>EXPENSES</b>	<b>YEAR 1 (2002/2003)</b>	<b>YEAR 2 (2003/2004)</b>	<b>YEAR 3 (2004/2005)</b>
Personnel			
Operating Expenses			
Capital Expenditures			
Other Expenses			
Indirect Costs			
<b>TOTAL EXPENSES</b>			
<b>REVENUES</b>			
Patient Revenue:			
Medicare			
Medi-Cal / Fee for Service			
Medi-Cal / Managed Care			
Healthy Families Program			
Private Insurance			
Patient Pay			
Other			
Institutional Support:			
Federal			
State			
County			
Private			
Donations / Contributions			
Other			
<b>TOTAL REVENUES</b>			

***Note: To complete Table "D", itemize projected clinic expenses and revenues for each year of the three-year grant period.***

**Exhibit "A" - Work Plan**  
**Fiscal Year:** ☐ 2002/2003 ☐ 2003/2004 ☐ 2004/2005

**Applicant:**

---

**GOAL:**

Measurable Objectives	Implementation Activities	Timeline	Method(s) of Evaluating Process and/or Outcome of Objectives

Note: Include a separate Exhibit "A" Work Plan for each fiscal year of the three-year grant period. (Make copies of form as needed for each year).

\_\_\_\_\_  
 (Agency's Name)

**Board of Directors Information Form (Attach additional pages if needed)**

<b>Board Member Address / Telephone Number</b>	<b>Elective Position and Employer</b>	<b>Tribal Affiliation</b>	<b>Specific Day / Month / Year Term Commences &amp; Expires</b>

# AUTHORIZATION TO BIND CORPORATION AND INVOICE APPROVAL FORM

The Board of Directors of the \_\_\_\_\_

in a duly executed meeting held on \_\_\_\_\_

and where a quorum was present, resolved to authorize:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
(Type/Print)

Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
(Type/Print)

Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
(Type/Print)

Title: \_\_\_\_\_

to negotiate and sign State Indian Health Program grant and any invoices that may result.

The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the Grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used for delivering primary care medical, dental, and outreach services to program beneficiaries. The undersigned recognizes that this is a public document and is open to public inspection.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Corporate Officer's Signature)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Type/Print)

**Form Completion Instructions:** At least two persons must be authorized to sign clinic invoices. A current authorization form must be kept on file with the State Indian Health Program. If any changes in this authorization occur, the clinic must notify the State Indian Health Program within ten (10) working days in writing. Additional copies of this form are available at <http://www.dhs.ca.gov/ihp>.

**All signatures must be in blue ink**

**Review Document for the Indian Health Program (IHP)****Los Angeles County****FY2002-2005 Request for Application Proposal**

**Note: Each RFA evaluation question will be scored based on the scale below.**

<b><u>Point Scale</u></b>	<b><u>Interpretation</u></b>	<b><u>General basis for point assignment</u></b>
<b>0</b>	<b>Inadequate</b>	Does not respond to the question, was left blank, or restates or paraphrases information in the RFA.
<b>1</b>	<b>Minimally Adequate</b>	Does not completely respond to the question. Information presented does not provide a good understanding of applicant's intent, does not give detailed information requested by the RFA or does not adequately support the proposal.
<b>2</b>	<b>Adequate</b>	Responsive to the question. Provides an average understanding of the applicant's response to the RFA. Response adequately supports the proposal.
<b>3</b>	<b>Excellent or outstanding</b>	Outstanding response with clear, detailed and relevant information. Response presented a compelling argument supporting the proposal.

**Review Document for the Indian Health Program (IHP)**  
**Los Angeles County**  
**FY 2002-2005 Request for Application Proposal**

<b>Agency Capability</b>	<b>Score (0-3)</b>	<b>Weight (May be rounded)</b>	<b>Total</b>
Brief history of agency, when established, service area, past accomplishments, current projects		<b>0.625</b>	
Board of Directors meet regularly, are representative of the Los Angeles American Indian community, and function according to their bylaws		<b>1.875</b>	
Agency goals and objectives are consistent with RFA purpose.		<b>0.625</b>	
Agency demonstrates ability to fulfill minimum eligibility requirements within 60 days.		<b>1.875</b>	

**Score****Maximum Possible****15**

**Review Document for the Indian Health Program (IHP)**  
**Los Angeles County**  
**FY 2002-2005 Request for Application Proposal**

<b>Project Personnel</b>	<b>Score (0-3)</b>	<b>Weight (May be rounded)</b>	<b>Total</b>
<b>Number, titles, job descriptions, resumes, and salary schedules provided for all project staff</b>		<b>0.667</b>	
<b>Duties outlined in job descriptions are appropriate</b>		<b>2</b>	
<b>Clinic administrator has a background in health administration</b>		<b>1.333</b>	
<b>Staff resumes reflect appropriate experience and qualifications</b>		<b>2</b>	
<b>Subcontractor roles are appropriate, plans for oversight are adequate</b>		<b>0.667</b>	

**SCORE****Maximum Possible****20**

**Review Document for the Indian Health Program (IHP)**  
**Los Angeles County**  
**FY 2002-2005 Request for Application Proposal**

<b>Target Population Factors and Resources</b>	<b>Score (0-3)</b>	<b>Weight (May be rounded)</b>	<b>Total</b>
<b>Describes demographic information of population to be served by project throughout 3-year grant period</b>		<b>0.83</b>	
<b>Includes data/description of health status/needs</b>		<b>0.83</b>	
<b>Includes data/description of current health services utilization patterns</b>		<b>0.83</b>	
<b>Includes data/description of health care coverage/insurance</b>		<b>0.83</b>	

**SCORE** \_\_\_\_\_

**Maximum Possible      10**



**Review Document for the Indian Health Program (IHP)**  
**Los Angeles County**  
**FY 2002-2005 Request for Application Proposal**

<b>Scope of Work Summary and Work Plan</b>	<b>Score (0-3)</b>	<b>Weight (May be rounded)</b>	<b>Total</b>
Plans for appropriate facilities within 60 days are realistic		1.11	
Plans for service delivery reflect consideration of accessibility, availability, and acceptability to American Indian population.		1.11	
<b>FY 2002-2003</b>			
Work plan addresses development of clinic personnel, Board of Directors, administrative and fiscal systems effectively.		1.48	
Plans for development of clinic services are appropriate including realistic estimates of clinic patients.		1.85	
Work plan addresses Traditional health services development		0.37	
<b>FY 2003-2004</b>			
Work plan addresses development of clinic personnel, Board of Directors, administrative and fiscal systems effectively.		1.48	
Plans for development of clinic services are appropriate including realistic estimates of clinic patients.		1.85	
Work plan addresses Traditional health services development		0.37	
<b>FY 2004-2005</b>			
Work plan addresses development of clinic personnel, Board of Directors, administrative and fiscal systems effectively.		1.48	
Plans for development of clinic services are appropriate including realistic estimates of clinic patients.		1.85	
Work plan addresses Traditional health services development		0.37	

**SCORE****Maximum Possible****40**

**Review Document for the Indian Health Program (IHP)**  
**Los Angeles County**  
**FY 2002-2005 Request for Application Proposal**

<b>Budget</b>	<b>Score (0-3)</b>	<b>Weight (May be rounded)</b>	<b>Total</b>
<b>Table "A" - summary of current budget completed and accurate</b>		<b>0.455</b>	
<b>Table "B" - summary of personnel completed and accurate</b>		<b>0.455</b>	
<b>FY 2002-2003</b>			
<b>Table "C" computations accurate</b>		<b>0.455</b>	
<b>Table "C" budget justification realistic and appropriate</b>		<b>0.455</b>	
<b>Table "D" budget projections are appropriate</b>		<b>0.455</b>	
<b>FY 2003-2004</b>			
<b>Table "C" computations accurate</b>		<b>0.455</b>	
<b>Table "C" budget justification realistic and appropriate</b>		<b>0.455</b>	
<b>Table "D" budget projections are appropriate</b>		<b>0.455</b>	
<b>FY 2004-2005</b>			
<b>Table "C" computations accurate</b>		<b>0.455</b>	
<b>Table "C" budget justification realistic and appropriate</b>		<b>0.455</b>	
<b>Table "D" budget projections are appropriate</b>		<b>0.455</b>	

**SCORE**  
**Maximum Possible** 15

**Review Document for the Indian Health Program (IHP)**  
**Los Angeles County**  
**FY 2002-2005 Request for Application Proposal**

**Applicant:** \_\_\_\_\_

	<b>Agency Capability</b>	<b>Personnel</b>	<b>Target Population</b>	<b>Scope of Work</b>	<b>Budget</b>	<b>TOTAL SCORE</b>
<b>SCORE</b>						
<b>Total Possible</b>	<b>15</b>	<b>20</b>	<b>10</b>	<b>40</b>	<b>15</b>	<b>100</b>
<b>Percent</b>						

REVIEWER: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

## **Attachment B**

### **HEALTH ADMINISTRATIVE MANUAL JANUARY 2002**

#### **GRIEVANCE PROCEDURE FOR DIRECT SERVICE CONTRACTS AND GRANTS 9-2350**

Per [HSC Section 38036](#), DHS has established a grievance procedure for resolving disputes arising from direct service contracts. The Office of Legal Services will, if requested, provide information, consultation, and advice at any stage of a grievance.

#### **HEALTH ADMINISTRATIVE MANUAL CONTRACTS**

The grievance procedure consists of two parts: [Part I pertains to applicants](#) and [Part II pertains to contractors and grantees](#). Contractors/grantees or applicants may select a personal representative, including an attorney, to assist in the preparation and presentation of a grievance under either Part I or Part II of the grievance procedure.

#### **Part I – Applicant 9-2350.1**

A grievance exists when an applicant believes there is a dispute arising from the Department's action in awarding or failing to award a direct service contract or grant. Grievable situations include actions to continue or failure to continue the agreement into a new contract cycle and actions to terminate an existing agreement prior to the stated expiration date.

#### **First Level – Applicant 9-2350.2**

Within 15 working days of notification of an alleged action by the Department, the applicant must direct the grievance together with any evidence, in writing, to the chief of the branch under which the action occurred. The grievance must state the issues in dispute, the legal authority or other basis for the applicant's position, and the remedy sought. The Branch Chief or designee must respond to an applicant's appeal within 20 working days of receipt of the grievance and a hearing must be scheduled, conducted and a decision rendered by the Department within 60 working days of the filing of the grievance by the applicant.

#### **Second Level – Applicant 9-2350.3**

To seek a second level review, the applicant must prepare an appeal indicating why the first level decision is unacceptable, attaching to it the appellant's original statement of the dispute with supporting documents and a copy of first level decision. The applicant shall send the appeal to the chief of the division in which the section is organized within ten working days of receiving the first level decision. The Division Chief or designee shall meet with the applicant to review the issues raised. A written decision signed by the Division Chief or designee shall be returned to the applicant within 20 working days of the filing of the second level appeal.

## **Part II — Contractor/Grantee Grievance 9-2350.4**

A contractor or grantee grievance exists when a contractor or grantee believes there is a dispute arising from the Department's action in the administration of a **direct services contract or grant**, excluding those disputes specified in [Part I](#), above.

### **First Level - Contractor/Grantee 9-2350.5**

The contractor or grantee shall first discuss the problem informally with the program contract administrator within the Department. If the problem cannot be resolved at this level, the contractor or grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief.

### **HEALTH ADMINISTRATIVE MANUAL CONTRACTS**

The grievance shall state the issues in dispute, the legal authority or other basis for the contractor's position, and the remedy sought. The Branch Chief shall make a determination on the problem within ten working days after receipt of the written communication from the contractor/grantee. The Branch Chief shall respond in writing to the contractor or grantee indicating the decision and reasons therefor. Should the contractor or grantee disagree with the Branch Chief's decision, the decision may be appealed to the second level.

### **Second Level - Contractor/Grantee 9-2350.6**

The contractor or grantee shall prepare a letter indicating the reasons for disagreement with the Branch Chief's decision. The contractor or grantee shall include with the letter a copy of the original dispute, any supporting documents, and a copy of the Branch Chief's response. This letter shall be sent to the Deputy Director of the division in which the branch is organized within the ten working days from receipt of the Branch Chief's decision. The Deputy Director or designee shall meet with the contractor or grantee to review the issues raised. A written decision signed by the division Deputy Director or designee shall be returned to the contractor or grantee within 20 working days of receipt of the contractor's letter.

### **Final Appeal Process 9-2350.7**

If a contractor or grantee (not a contract or grant applicant) wishes to appeal the decision of the division Deputy Director or designee, the procedures set forth in [HSC Section 38050](#) and the regulations adopted there under shall be followed. Disputes arising out of contracts other than those identified above, such as an audit or examination of the contract, shall pursue an appeal pursuant to the procedures identified in [Title 22, California Code of Regulations, Section 51015 et seq.](#)